

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (Notice) describes the privacy practices of Radiologic Associates, PC. We are committed to treating and using health information about you responsibly, and we are required by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA") to maintain the privacy and security of your health information and to comply with the terms of this Notice. This Notice applies to all Protected Health Information as defined by federal law, and includes, among other things, information about your symptoms, test results, diagnosis, and treatment as well as payment, billing, and insurance information. This Notice tells you how Radiologic Associates may use and disclose your health information, your rights as they relate to your health information, and how you may complain if you believe your privacy rights have been violated.

How We May Use and Disclose Your Health Information: We may use and disclose your health information for a variety of important purposes described below.

1. We may use and disclose your health information without your authorization for the following purposes:

- **Treatment:** We may use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your medical record and use it to determine the most appropriate course of care. We may also disclose your health information to other health care providers who are participating in your treatment and to pharmacists filling your prescriptions.
- **Payment:** We may use and disclose your health information for payment purposes. For example, we may disclose your health information to obtain payment from your insurance company for your care.
- **Health Care Operations:** We may use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.

- Required by Law: We may use or disclose your health information when such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- Public Health Activities: We may disclose your health information, including, but not limited to, vital statistics (including births and deaths), disease-related data, and information related to recalls of dangerous products, to public health authorities for public health activities.
- Abuse, Neglect or Domestic Violence: We may disclose your health information to a government authority when the disclosure relates to victims of domestic violence, abuse, or neglect, or the neglect or abuse of a child or an adult who is physically or mentally incapacitated.
- Health Oversight: We may use or disclose your health information to a health oversight agency for oversight activities authorized by law. For example, we may disclose your health information to assist in investigations and audits, eligibility for government programs like Medicare and Medicaid, and similar oversight activities.
- Judicial and Administrative Proceedings: We may disclose your health information in response to an appropriate subpoena or other lawful request for information in the course of legal proceedings, or pursuant to a court order.
- Law Enforcement Purposes: Subject to certain restrictions, we may disclose your health information to law enforcement officials. For example, we may disclose your health information to comply with laws that require the reporting of certain wounds or injuries or to assist law enforcement in identifying or locating a suspect, fugitive, or missing person.
- Coroners/Medical Examiners: We may disclose your health information to a coroner or medical examiner for the purpose of identifying a decedent, determining cause of death, or for other purposes to enable these parties to perform their duties. We may also disclose your health information to a funeral director as necessary to carry out his/her duties.
- Organ Donation: We may use or disclose your health information to organ procurement organizations when the use or disclosure relates to organ, eye, or tissue donation and transplantation.
- Research: Subject to certain restrictions, we may use or disclose your health information for medical research.
- Serious Threat to Health or Safety: We may use or disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, may only be to someone able to help prevent the threat.

- *Military and Special Government Functions*: If you are a member or a veteran of the armed forces, we may use or disclose your health information as required by military command authorities. We may also disclose your health information for national security, intelligence, or similar purposes.
- *Inmates*: If you are an inmate of a correctional institution or otherwise in the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official when necessary for the correctional institution to provide you with health care, to protect your health and safety or the health and safety of others, or for law enforcement on the premises of, or the administration and maintenance of, the correctional institution.
- *Workers Compensation*: We may disclose your health information to comply with workers compensation laws or similar programs providing benefits for work-related injuries or illness.
- *Limited Marketing*: We may use or disclose your health information when the use or disclosure is permitted for marketing purposes, such as when a marketing communication occurs in a face-to-face meeting with you or concerns promotional gifts of a nominal value.
- *Appointment Reminders*: We may use your health information to contact you with appointment reminders. We may also use your health information to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- *Business Associates*: We may use or disclose your health information when the use or disclosure is necessary for our business associates, such as consultants, lawyers, and billing companies, to provide services to, or provide business functions for, Radiologic Associates. To protect your health information, we require business associates to sign specialized agreements designed to safeguard your health information in their hands.

2. We may use and disclose your health information for the following purposes only after giving you an opportunity to agree or to object to the use or disclosure and you have either agreed or not objected to the use or disclosure:

- *Involvement in Care*: We may disclose your health information to family members, other relatives, or your friends if the information is directly relevant to the family's or friend's involvement in your care or payment for that care, and you have either agreed to the disclosure or have been given an opportunity to object and have not objected to the registration clerk or the Privacy Officer. If you are not present or able to agree or object, or if there is an emergency situation, we may disclose your health information to your family or friends if we determine the disclosure is in your best interest. We may also disclose your health information to notify, or assist in the notification of, a family member, relative, friend or other person identified by you of your location, general condition or death.

Disaster Relief: We may share your health information with a public or private agency (e.g., American Red Cross) for disaster relief purposes. Even if you object, we may still share your health information in emergency circumstances.

In any situations other than those described above, we will ask for your written authorization before using or disclosing your health information. If you choose to sign an authorization to allow us to use and disclose your health information, you can later revoke that authorization to stop any future uses and disclosures by contacting the Privacy Officer. However, you cannot revoke your authorization for uses and disclosures that we have made in reliance upon such authorization.

3. HIPAA specifically requires that we obtain your authorization for the following uses and disclosures:

- Psychotherapy Notes: We must obtain your authorization for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations functions or as otherwise required or permitted by HIPAA.
- Marketing. We must obtain your authorization for any use or disclosure of your health information for marketing purposes, except if the marketing communication is in the form of a face to face communication or a promotional gift of nominal value. If the marketing involves financial remuneration to us, the authorization you sign to permit such marketing must state that remuneration is involved.
- Sale of Health Information: We must obtain your authorization for any disclosure of your health information that is a sale of health information. If we obtain your authorization for this purpose, the authorization must state that the disclosure will result in remuneration to us.

In the event that New York law or another federal law requires us to give more protection to your health information than stated in this Notice or required by HIPAA, we will provide that additional protection. For example, we will comply with New York law relating to communicable diseases, such as HIV and AIDS. We will also comply with New York law and federal law relating to treatment for mental health and substance abuse issues.

Individual Rights: Your electronic health records and hard copies of your health records are the physical property of Radiologic Associates, but you have the following rights with regard to your health information. Please contact the Privacy Officer at the phone number or address below to obtain the appropriate forms for exercising these rights:

- *Request Restrictions:* You may request restrictions on uses and disclosures of your health information to carry out treatment, payment or healthcare operations described above or to persons involved in your care or for notification purposes. We are not required to agree to most requested restrictions, but if we do agree, we must abide by those restrictions. If you request that your health information not be disclosed to a health plan, we must agree to that restriction if the disclosure is for the purpose of payment or health care operations and is not otherwise required by law and the health information pertains solely to a health care item or service for which you or someone on your behalf (other than the health plan) has paid us in full.
 - *Confidential Communications:* You may ask us in writing to communicate with you in a reasonable confidential fashion, for example, to send notices to an alternate address or not to use postcards to remind you of appointments.
 - *Right to an Electronic Copy of Electronic Medical Records:* You have the right to make written request for a copy of your Protected Health Information for your use or transmitted to another individual or entity electronically, if the information is maintained electronically. We will make every effort to provide the information in the requested format. If the information is not readily producible in your requested format, alternative formats will be provided along with a readable hard copy. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
 - *Inspect and Obtain Copies:* In most cases, you have the right to inspect and obtain a copy of your health information. You may make a written request to the Privacy Officer identifying the health information you wish to inspect. You are entitled to a reply from us within 30 days of our receipt of your request, unless extended for an additional 30 days. There will be a reasonable charge for the copies, postage and the costs of providing a summary of the health information provided, as applicable. If access to the health information is denied, you will be informed in writing of the reason for the denial.
 - *Amend Information:* If you believe that health information in your record is incorrect, or if important health information is missing, you have the right to make a request in writing, supported by justification for the correction, that we correct the existing information or add the missing information. We must act on your request within 60 days after our receipt of your written request, unless extended. If we deny your request for a correction, we will provide a written explanation of our denial and allow you to submit a written statement disagreeing with the denial.
 - *Accounting of Disclosures:* You may make a written request for a list of instances where we have disclosed health information about you during the previous six years or less, if any. We are required to respond to your request for an accounting within 60 days of our receipt of your written request, unless extended by an additional 30 days. The list will not include certain disclosures
- Error! Unknown document property name.**

including, but not limited to, disclosures for treatment, payment, or health care operations, disclosures pursuant to an authorization, or disclosures for the facility's directory or to persons involved in your care.

- Copy of Notice: You may request a paper copy of this Notice at any time.

Our Legal Duty: We are required by law to protect and maintain the privacy of your health information, and we are required to notify you of any breach of your unsecured health information. We are required by law to provide this Notice about our legal duties and privacy practices regarding your health information and to abide by the terms of the Notice currently in effect.

Changes in Privacy Practices: We reserve the right to change our privacy policies and the terms of this Notice at any time and to make the new policies and provisions effective for all health information that we maintain at that time. You may obtain a current Notice at any time by contacting the Privacy Officer or visiting our facilities. When such amendments are made, a revised Notice of Privacy Practices will be made available to our patients at our practice locations, on our web site and as otherwise required by law.

Contact Person: For more information about our privacy practices, contact our Privacy Officer at 845-692-0030 or write to:

Radiologic Associates
Attn: Privacy Officer
185 Rykowski Ln. Suite 101
Middletown, NY 10941

COMPLAINTS: If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact our Privacy Officer at the address and/or phone number above. You also may send a written complaint to the U.S. Department of Health and Human Services (HHS).

There will be no retaliation, and you will not be penalized in any way, for filing a complaint with Radiologic Associates or HHS.

Effective Date: September 23, 2013

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (Notice) describes the privacy practices of West Hudson Imaging Associates, PLLC. We are committed to treating and using health information about you responsibly, and we are required by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA") to maintain the privacy and security of your health information and to comply with the terms of this Notice. This Notice applies to all Protected Health Information as defined by federal law, and includes, among other things, information about your symptoms, test results, diagnosis, and treatment as well as payment, billing, and insurance information. This Notice tells you how West Hudson Imaging Associates may use and disclose your health information, your rights as they relate to your health information, and how you may complain if you believe your privacy rights have been violated.

How We May Use and Disclose Your Health Information: We may use and disclose your health information for a variety of important purposes described below.

1. We may use and disclose your health information without your authorization for the following purposes:

- **Treatment:** We may use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your medical record and use it to determine the most appropriate course of care. We may also disclose your health information to other health care providers who are participating in your treatment and to pharmacists filling your prescriptions.
- **Payment:** We may use and disclose your health information for payment purposes. For example, we may disclose your health information to obtain payment from your insurance company for your care.
- **Health Care Operations:** We may use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.

- Required by Law: We may use or disclose your health information when such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- Public Health Activities: We may disclose your health information, including, but not limited to, vital statistics (including births and deaths), disease-related data, and information related to recalls of dangerous products, to public health authorities for public health activities.
- Abuse, Neglect or Domestic Violence: We may disclose your health information to a government authority when the disclosure relates to victims of domestic violence, abuse, or neglect, or the neglect or abuse of a child or an adult who is physically or mentally incapacitated.
- Health Oversight: We may use or disclose your health information to a health oversight agency for oversight activities authorized by law. For example, we may disclose your health information to assist in investigations and audits, eligibility for government programs like Medicare and Medicaid, and similar oversight activities.
- Judicial and Administrative Proceedings: We may disclose your health information in response to an appropriate subpoena or other lawful request for information in the course of legal proceedings, or pursuant to a court order.
- Law Enforcement Purposes: Subject to certain restrictions, we may disclose your health information to law enforcement officials. For example, we may disclose your health information to comply with laws that require the reporting of certain wounds or injuries or to assist law enforcement in identifying or locating a suspect, fugitive, or missing person.
- Coroners/Medical Examiners: We may disclose your health information to a coroner or medical examiner for the purpose of identifying a decedent, determining cause of death, or for other purposes to enable these parties to perform their duties. We may also disclose your health information to a funeral director as necessary to carry out his/her duties.
- Organ Donation: We may use or disclose your health information to organ procurement organizations when the use or disclosure relates to organ, eye, or tissue donation and transplantation.
- Research: Subject to certain restrictions, we may use or disclose your health information for medical research.
- Serious Threat to Health or Safety: We may use or disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, may only be to someone able to help prevent the threat.

- *Military and Special Government Functions*: If you are a member or a veteran of the armed forces, we may use or disclose your health information as required by military command authorities. We may also disclose your health information for national security, intelligence, or similar purposes.
- *Inmates*: If you are an inmate of a correctional institution or otherwise in the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official when necessary for the correctional institution to provide you with health care, to protect your health and safety or the health and safety of others, or for law enforcement on the premises of, or the administration and maintenance of, the correctional institution.
- *Workers Compensation*: We may disclose your health information to comply with workers compensation laws or similar programs providing benefits for work-related injuries or illness.
- *Limited Marketing*: We may use or disclose your health information when the use or disclosure is permitted for marketing purposes, such as when a marketing communication occurs in a face-to-face meeting with you or concerns promotional gifts of a nominal value.
- *Appointment Reminders*: We may use your health information to contact you with appointment reminders. We may also use your health information to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- *Business Associates*: We may use or disclose your health information when the use or disclosure is necessary for our business associates, such as consultants, lawyers, and billing companies, to provide services to, or provide business functions for, West Hudson Imaging Associates. To protect your health information, we require business associates to sign specialized agreements designed to safeguard your health information in their hands.

2. We may use and disclose your health information for the following purposes only after giving you an opportunity to agree or to object to the use or disclosure and you have either agreed or not objected to the use or disclosure:

- *Involvement in Care*: We may disclose your health information to family members, other relatives, or your friends if the information is directly relevant to the family's or friend's involvement in your care or payment for that care, and you have either agreed to the disclosure or have been given an opportunity to object and have not objected to the registration clerk or the Privacy Officer. If you are not present or able to agree or object, or if there is an emergency situation, we may disclose your health information to your family or friends if we determine the disclosure is in your best interest. We may also disclose your health information to notify, or assist in the notification of, a family member, relative, friend or other person identified by you of your location, general condition or death.

Disaster Relief: We may share your health information with a public or private agency (e.g., American Red Cross) for disaster relief purposes. Even if you object, we may still share your health information in emergency circumstances.

In any situations other than those described above, we will ask for your written authorization before using or disclosing your health information. If you choose to sign an authorization to allow us to use and disclose your health information, you can later revoke that authorization to stop any future uses and disclosures by contacting the Privacy Officer. However, you cannot revoke your authorization for uses and disclosures that we have made in reliance upon such authorization.

3. HIPAA specifically requires that we obtain your authorization for the following uses and disclosures:

- Psychotherapy Notes: We must obtain your authorization for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations functions or as otherwise required or permitted by HIPAA.
- Marketing. We must obtain your authorization for any use or disclosure of your health information for marketing purposes, except if the marketing communication is in the form of a face to face communication or a promotional gift of nominal value. If the marketing involves financial remuneration to us, the authorization you sign to permit such marketing must state that remuneration is involved.
- Sale of Health Information: We must obtain your authorization for any disclosure of your health information that is a sale of health information. If we obtain your authorization for this purpose, the authorization must state that the disclosure will result in remuneration to us.

In the event that New York law or another federal law requires us to give more protection to your health information than stated in this Notice or required by HIPAA, we will provide that additional protection. For example, we will comply with New York law relating to communicable diseases, such as HIV and AIDS. We will also comply with New York law and federal law relating to treatment for mental health and substance abuse issues.

Individual Rights: Your electronic health records and hard copies of your health records are the physical property of West Hudson Imaging Associates, but you have the following rights with regard to your health information. Please contact the Privacy Officer at the phone number or address below to obtain the appropriate forms for exercising these rights:

Error! Unknown document property name.

- *Request Restrictions:* You may request restrictions on uses and disclosures of your health information to carry out treatment, payment or healthcare operations described above or to persons involved in your care or for notification purposes. We are not required to agree to most requested restrictions, but if we do agree, we must abide by those restrictions. If you request that your health information not be disclosed to a health plan, we must agree to that restriction if the disclosure is for the purpose of payment or health care operations and is not otherwise required by law and the health information pertains solely to a health care item or service for which you or someone on your behalf (other than the health plan) has paid us in full.
 - *Confidential Communications:* You may ask us in writing to communicate with you in a reasonable confidential fashion, for example, to send notices to an alternate address or not to use postcards to remind you of appointments.
 - *Right to an Electronic Copy of Electronic Medical Records:* You have the right to make written request for a copy of your Protected Health Information for your use or transmitted to another individual or entity electronically, if the information is maintained electronically. We will make every effort to provide the information in the requested format. If the information is not readily producible in your requested format, alternative formats will be provided along with a readable hard copy. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
 - *Inspect and Obtain Copies:* In most cases, you have the right to inspect and obtain a copy of your health information. You may make a written request to the Privacy Officer identifying the health information you wish to inspect. You are entitled to a reply from us within 30 days of our receipt of your request, unless extended for an additional 30 days. There will be a reasonable charge for the copies, postage and the costs of providing a summary of the health information provided, as applicable. If access to the health information is denied, you will be informed in writing of the reason for the denial.
 - *Amend Information:* If you believe that health information in your record is incorrect, or if important health information is missing, you have the right to make a request in writing, supported by justification for the correction, that we correct the existing information or add the missing information. We must act on your request within 60 days after our receipt of your written request, unless extended. If we deny your request for a correction, we will provide a written explanation of our denial and allow you to submit a written statement disagreeing with the denial.
 - *Accounting of Disclosures:* You may make a written request for a list of instances where we have disclosed health information about you during the previous six years or less, if any. We are required to respond to your request for an accounting within 60 days of our receipt of your written request, unless extended by an additional 30 days. The list will not include certain disclosures
- Error! Unknown document property name.**

including, but not limited to, disclosures for treatment, payment, or health care operations, disclosures pursuant to an authorization, or disclosures for the facility's directory or to persons involved in your care.

- Copy of Notice: You may request a paper copy of this Notice at any time.

Our Legal Duty: We are required by law to protect and maintain the privacy of your health information, and we are required to notify you of any breach of your unsecured health information. We are required by law to provide this Notice about our legal duties and privacy practices regarding your health information and to abide by the terms of the Notice currently in effect.

Changes in Privacy Practices: We reserve the right to change our privacy policies and the terms of this Notice at any time and to make the new policies and provisions effective for all health information that we maintain at that time. You may obtain a current Notice at any time by contacting the Privacy Officer or visiting our facilities. When such amendments are made, a revised Notice of Privacy Practices will be made available to our patients at our practice locations, on our web site and as otherwise required by law.

Contact Person: For more information about our privacy practices, contact our Privacy Officer at 845-692-0030 or write to:

West Hudson Imaging Associates
Attn: Privacy Officer
185 Rykowski Ln. Suite 101
Middletown, NY 10941

COMPLAINTS: If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact our Privacy Officer at the address and/or phone number above. You also may send a written complaint to the U.S. Department of Health and Human Services (HHS).

There will be no retaliation, and you will not be penalized in any way, for filing a complaint with West Hudson Imaging Associates or HHS.

Effective Date: September 23, 2013